



Prior Authorization Center
Education Building II/6-134
4301 W Markham Ste 522-9
Little Rock, AR 72205
501-526-4160

Arkansas Medicaid Evidence-Based Prescription Drug Program MedWatch Patient Information Request Form

Prescribers must mail or fax completed FDA MedWatch Forms and patient information to EBRx at: Fax: (501) 526-4188 Mail: Prior Authorization Center, Education II Building/6-134, 4301 West Markham Street #522-9, Little Rock, AR 72205

FDA MedWatch is available at: <http://www.FDA.gov/medwatch/safety/3500.pdf>

Recipient Name:	_____
Recipient Medicaid Number:	_____
Date of Birth:	_____

Prescriber Name:	_____
Prescriber Medicaid Number:	_____
Office Phone Number:	_____
Office Fax Number:	_____

Drug Name (Brand if applicable)	_____
Drug Strength:	_____

Completed Med Watch Form Attached? Yes ___ No ___

Prescriber Signature _____	Date _____
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PA Status Pending Denied Approved, date if approved _____

Additional Comments: